

REQUEST TO CANCEL VOTER REGISTRATION

Any registered voter may cancel his registration by completing this form in person at the office of the general registrar or by mailing this form, signed and notarized, to the general registrar.

TO THE GENERAL REGISTRAR:

I HEREBY REQUEST THAT MY NAME BE REMOVED FROM THE VOTER REGISTRATION RECORDS OF _____
VIRGINIA. county or city

I UNDERSTAND THAT I WILL NO LONGER BE ELIGIBLE TO VOTE IN THE COMMONWEALTH OF VIRGINIA UNLESS I RE-APPLY FOR REGISTRATION.

PRINT FULL NAME: _____

resident address city or town zip

social security number date of birth

SIGNATURE OF VOTER: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 19____.

DATE NOTARY COMMISSION EXPIRES

SIGNATURE OF NOTARY OR REGISTRAR